



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY OF CAMBRIDGE
ELECTION COMMISSION

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2009 OCT 26 A 10: 25

Fill in dates:

Reporting Period Beginning Month 01 Date 01 Year 2009 Ending Month 10 Date 16 Year 2009

Type of report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Alice Louise Turkel

Full Name of Candidate (if applicable)

Cambridge School Committee Member

Office Sought and District

12 Upton Street Cambridge MA 02139

Residential Address

617 491 8436

Tel. No. (optional)

COMMITTEE TO ELECT ALICE TURKEL

Committee Name

NATALIE E. BEAUMONT-SMITH

Name of Committee Treasurer

12 UPTON ST, CAMBRIDGE, MA 02139

Committee Mailing Address

617-335-2122

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0.00
Line 2: Total receipts this period (page 2, line 11) \$ 18,662.39
Line 3: Subtotal (line 1 plus line 2) \$ 18,662.39
Line 4: Total expenditures this period (page 3, line 14) \$ 15,341.50
Line 5: Ending balance (line 3 minus line 4) \$ 3,270.89
Line 6: Total in-kind contributions this period (page 4) \$ 0.00
Line 7: Total (all) outstanding liabilities (page 4) \$ 4,000.00
Line 8: Name of bank(s) used CITIZENS BANK

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

N. Beaumont-Smith
Treasurer's signature (in ink)

10/26/09
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Alice L. Turkel
Candidate signature (in ink)

10/26/09
Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
7/29/09	ARMSTRONG, DAVID 4 ALLSTON CT, CAMBRIDGE MA 02139	50	00	
10/14/09	BENNETT-ASTESANO, SARAH 33 BOWDOIN ST, CAMBRIDGE MA 02138	50	00	
9/8/09	BERG, SHARY 11 PERRY ST, CAMBRIDGE MA 02139	100	00	
8/15/09	COLE, SUSAN 99 HENRY ST, CAMBRIDGE MA 02139	50	00	
10/3/09	DAVIES, MARGERY 35 WILLIAM ST, CAMBRIDGE MA 02139	50	00	
9/8/09	DEGENNARO, ALICE 9 CHALK ST, CAMBRIDGE MA 02139	100	00	
8/7/09	DISCH, ESTELLE 528 FRANKLIN ST, CAMBRIDGE MA 02139	50	00	
10/10/09	DUEHAY, FRANCIS 26 LOWELL ST, CAMBRIDGE MA 02138	100	00	
10/9/09	EWEN, PHYLLIS 17 KELLY ROAD, CAMBRIDGE MA 02139	50	00	
9/15/09	GOODWIN, DECIA 175 CHESTNUT ST, CAMBRIDGE MA 02139	100	00	
9/3/09	HELLER, ALICE 22 CORP. BURNS RD, CAMBRIDGE MA 02139	50	00	
8/26/09	HOFFMAN, CAROLYN 100 REED ST, CAMBRIDGE MA 02140	100	00	
8/3/09	JOSLIN, ALAN 36 BANKS ST, CAMBRIDGE MA 02138	100	00	
8/14/09	KARNEY, CHARLOTTE 41 GRANITE ST, CAMBRIDGE MA 02139	250	00	CONSERVATION TECHNICIAN HARVARD UNIVERSITY
8/22/09	KRAUS, ROZANN 91 CHILTON ST, CAMBRIDGE MA 02138	50	00	
Line 9: Total receipts in excess of \$50 (or listed above)		1250	00	(SUB TOTAL)
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD				Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
10/14/09	KRAUS, ROLANN 91 CHILTON ST, CAMBRIDGE MA 02138	50	00	
9/23/09	LITCHFIELD, LESTRA 25 DANA ST, CAMBRIDGE MA 02139	50	00	
9/17/09	MAYER, ELLEN 27 ROBERTS ROAD, CAMBRIDGE MA 02138	50	00	
9/2/09	MCDONALD, WALTER 172 MAGAZINE ST, CAMBRIDGE MA 02139	50	00	
10/3/09	MINGLE, JOHN 254 UPLAND ROAD, CAMBRIDGE MA 02140	100	00	
7/29/09	NATHANS, JUDITH 511 PUTNAM AVE, CAMBRIDGE MA 02139	50	00	
8/3/09	PACHECO, CYNTHIA 15 BISHOP ALLEN DR, CAMBRIDGE MA 02134	50	00	
9/9/09	PATTERSON, JOSEPHINE 9 PERRY ST, CAMBRIDGE MA 02139	50	00	
10/15/09	PAYNE, DOUGLASS 24 SHEPHERD ST, CAMBRIDGE MA 02138	100	00	
8/19/09	PRATT, HAROLD 100 MEMORIAL DR # 9A, CAMBRIDGE MA 02138	50	00	
8/22/09	QUINN, HELENE 9 CUTLER AVE, CAMBRIDGE, MA 02138	100	00	
8/29/09	REVERBY, SUSAN 238 PEARL ST, CAMBRIDGE MA 02139	25	00	
9/21/09	REVERBY, SUSAN AS ABOVE	100	00	
9/12/09	RUGEN, LEAH 354 PEARL ST, CAMBRIDGE MA 02139	100	00	
9/2/09	RUSTOW, JANET 14 SACRAMENTO ST, CAMBRIDGE MA 02138	50	00	
Line 9: Total receipts in excess of \$50 (or listed above)		975	00	(SUBTOTAL)
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD				

Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
9/8/09	SMITH, JUDITH 149 PROSPECT ST, CAMBRIDGE MA 02139	50	00	
8/24/09	SULLIVAN, DAVID 16 NOTRE DAME AVE, CAMBRIDGE MA 02140	100	00	
5/27/09	ALICE TURKEL 12 UPTON ST, CAMBRIDGE MA 02139	370	00	HOUSE DUTIES (CANDIDATE)
5/31/09	ALICE TURKEL AS ABOVE	126	12	
6/11/09	ALICE TURKEL AS ABOVE	195	00	
6/22/09	ALICE TURKEL AS ABOVE	412	48	
7/9/09	ALICE TURKEL AS ABOVE	LOAN 4,000	00	
7/24/09	ALICE TURKEL AS ABOVE	864	88	
7/28/09	ALICE TURKEL AS ABOVE	7	29	
7/30/09	ALICE TURKEL AS ABOVE	400	00	
8/3/09	ALICE TURKEL AS ABOVE	9	56	
8/14/09	ALICE TURKEL AS ABOVE	435	82	
8/20/09	ALICE TURKEL AS ABOVE	263	81	
8/27/09	ALICE TURKEL AS ABOVE	594	10	
9/2/09	ALICE TURKEL AS ABOVE	40	00	
Line 9: Total receipts in excess of \$50 (or listed above)		8,369	06	(SUB TOTAL)
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD				Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
9/13/09	ALICE TURKEL 12 UPTON ST, CAMBRIDGE MA 02139	646	00	HOUSE DUTIES (CANDIDATE)
9/18/09	ALICE TURKEL AS ABOVE	982	75	
9/26/09	ALICE TURKEL AS ABOVE	11	46	
10/9/09	ALICE TURKEL AS ABOVE	567	35	
10/13/09	ALICE TURKEL AS ABOVE	4,912	39	
10/16/09	ALICE TURKEL AS ABOVE	23	38	
8/6/09	WALDRON, SALLY 196 HAMILTON ST, CAMBRIDGE MA 02139	50	00	
7/30/09	WHITAKE, ROBERT 19 ROCKINGHAM ST, CAMBRIDGE MA 02139	50	00	
9/15/09	WINTERS, ROBERT 366 BROADWAY, CAMBRIDGE MA 02139	50	00	
9/24/09	ZUSY, CATHERINE 202 HAMILTON ST, CAMBRIDGE MA 02139	75	00	
Line 9: Total receipts in excess of \$50 (or listed above)		7,368	33	
Line 10: Total receipts \$50 and under* (not listed above)		700	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		18,662	39	Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

PAGE 2

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
8/27/09	USPS, FORT POINT	25 DORCHESTER AVE, #1 BOSTON, MA 02205	POSTAGE FOR CAMPAIGN MAILING # 2	565	30
10/9/09	USPS, FORT POINT	AS ABOVE	POSTAGE FOR CAMPAIGN MAILING # 3	552	95
9/13/09	YWCA, CENTRAL SQ	7 TEMPLE ST CAMBRIDGE, MA 02139	ROOM RENTAL FOR CAMPAIGN "KICK-OFF"	195	00
Line 12: Expenditures over \$50				15,207	41
Line 13: Expenditures \$50 and under*				184	09
Line 14: TOTAL EXPENDITURES				15,391	50

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
6/22/09	Classic Graphx	678 Mass. Ave Cambridge, MA 02139	Printing of card for mailing (campaign)	912	48
7/27/09	Classic Graphx	As Above	Printing of remittance envelopes, mailing, row + letter	3,451	41
8/14/09	Classic Graphx	As Above	Printing of "kick-off" party invitations & letter	435	82
8/20/09	Classic Graphx	As Above	Printing of campaign bumper stickers	263	81
9/18/09	Classic Graphx	As Above	Printing of postcards & scan slide to digital	69	00
10/7/09	Classic Graphx	As Above	Printing of campaign letters & envelopes	190	32
10/13/09	Classic Graphx	As Above	Printing of brochure for campaign mailing	4,912	39
10/16/09	Costa, Jen	63 Cushing St. Cambridge, MA 02138	Reimbursement for expenses: see CDFR 1	95	88
5/31/09	GoDaddy.com, Inc	WWW.GODADDY.COM INTERNET SITE	Purchase of internet domain name & hosting	126	12
9/29/09	Lerner, Goodman, Deborah	8 FAIRMONT AVE CAMBRIDGE, MA 02139	REIMBURSEMENT FOR EXPENSES: SEE CDFR 1	258	30
9/18/09	PIRO PRINTERS	483 MEDFORD ST SOMERVILLE, MA 02145	PRINTING OF CAMPAIGN YARD SIGNS	913	75
6/16/09	SHOW YOUR LOGO	420 TREASURE DVE OSWEGO, IL 60543	PURCHASE OF CAMPAIGN BUCKET/SPADE MATERIALS	630	00
7/24/09	USPS, CENTRAL SQ	770 MASS. AVE CAMBRIDGE, MA 02139	PURCHASE OF RETURN SERVICE FOR MAILINGS	100	00
7/29/09	USPS, CENTRAL SQ	As Above	PURCHASE OF RETURN SERVICE FOR MAILINGS	400	00
5/27/09	USPS, POST MASTER, BOSTON	31 MILK ST LOBBY BOSTON, MA 02109	PURCHASE OF BULK MAILING PERMIT #54169	370	00
7/24/09	USPS, FORT POINT	25 DORCHESTER AVE #1 BOSTON, MA 02205	POSTAGE FOR CAMPAIGN MAILING #1	764	88
Line 12: Expenditures over \$50				13,894	16
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES					

SUBTOTAL

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6		Line 15: In-kind over \$50		
		Line 16: In-kind \$50 and under		
		Line 17: Total In-kind		0.00

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
7/9/09	ALICE TURKEL	12 UPTON ST CAMBRIDGE, MA 02139	INITIAL FUNDS FOR CAMPAIGN EXPENSES	4,000.00
Enter on page 1, line 7		Line 18: OUTSTANDING LIABILITIES (ALL)		4,000.00



Commonwealth
of Massachusetts

Form CPF R 1 : Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: DEBORAH LERME GOODMAN

Committee Name: COMMITTEE TO ELECT ALICE TURKEL CPF ID #: _____

Amount of Reimbursement: \$ 258.30

Date of Reimbursement: 9/29/09

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
9/12/09	MARKET BASKET MA, 02143 400 SOMERVILLE AVE, SOMERVILLE	PURCHASE OF FOOD AND NONALC BEVERAGES FOR "KICK-OFF" PARTY	258	30
Expenditures in excess of \$50 (listed above)			258	30
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			258	30

Signed under the penalties of perjury:

JP Beaton
Signature of Candidate/Treasurer

10/26/09
Date

Please use a separate sheet for each reimbursement check issued.



Commonwealth
of Massachusetts

Form CPF R 1 : Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance

One Ashburton Place

Boston, MA 02108

(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: JEN COSTA

Committee Name: COMMITTEE TO ELECT ALICE TURNER CPF ID #: _____

Amount of Reimbursement: \$ 95.88

Date of Reimbursement: 10/16/09

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
7/17/09	TRADER JOES, 02139 748 MEMORIAL DR, CAMBRIDGE, MA	WINE FOR MAILING PARTIES & CAMPAIGN EVENTS	95	88
Expenditures in excess of \$50 (listed above)			95	88
Expenditures \$50 and under (not listed above)				
TOTAL AMOUNT REIMBURSED			95	88

Signed under the penalties of perjury:

JP Beant - ht
Signature of Candidate/Treasurer

10/26/09
Date

Please use a separate sheet for each reimbursement check issued.



Form CPF M101 : STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM

Office of Campaign and Political Finance
CITY OF CAMBRIDGE
ELECTION COMMISSION

File with:
City or Town Clerk or Election Commission

2009 AUG 13 P 3 22

Please print or type all information, except signatures

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

1. Committee Name: Committee to Elect Alice Turkel
(The name of the committee must include the candidate's last name)
2. Committee Address: 12 UPTON STREET Cambridge MA 02139
- 2a. Mailing Address: 12 UPTON STREET Cambridge MA 02139
3. Purpose: To elect Alice Turkel to Cambridge School Committee
4. Officers:
- | | Name | Residential Address | Zip | Tel. No. |
|----------------|-------------------------------|-------------------------|---------------------|-------------------------------------|
| Chairman: | <u>Alice Turkel</u> | <u>12 Upton Camb MA</u> | <u>02139</u> | <u>617 991 8436</u> |
| Treasurer: | <u>NATALIE BEAUMONT-SMITH</u> | <u>109 BROZIER RD</u> | <u>CAMBRIDGE MA</u> | <u>02138</u>
<u>617 335 2122</u> |
| Other officer: | | | | |
| Other officer: | | | | |
- Attach additional page, if necessary, with other officers and finance committee, if any
5. Candidate: Alice Turkel 12 Upton St Camb, MA 02139 617-491-8436
- | Name | Address | Zip | Tel. No. |
|---|----------------------|----------------------------------|----------|
| 6. Office Sought: <u>Member of School Committee</u> | <u>Cambridge, MA</u> | | |
| Title | District | Party affiliation, if applicable | |

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Alice Turkel 7/9/09
Candidate's signature Date

I hereby accept the office of treasurer of the above-named committee. I understand that I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

N Beaumont-Smith 7/9/09
Treasurer's signature Date

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Alice Turkel 7/9/09
Chairman's signature Date